

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			04-09-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	UM	869	04-26-01
RESPONSE FORMALITY REVIEW	A	676	05/18/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

*Pat 2003*  
*App 2004*

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY